******THIS IS NOT A REQUEST FOR PROPOSAL******

STATE OF IOWA DEPARTMENT OF Health AND Human SERVICES

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH

REQUEST FOR INFORMATION
for
ENTERPRISE CONTENT MANAGEMENT (ECM) SYSTEM

THIS IS NOT A REQUEST FOR PROPOSAL

Table of Contents

Section 1 BACKGROUND AND OBJECTIVES
1.1   Purpose/Information Sought
1.2   Background Information for the Project
1.3   Request for Information Procedure
1.4   Relevant Dates
1.5   Submission of Response
1.6   Demonstrations
1.7   Contact Information
1.8   Review and Rejection of RFI Responses
1.9   Public Records and Requests for Confidentiality
1.10   Copyrights
1.11 Restrictions on Gifts and Activities
1.12 Contents of the Request for Information (RFI)
1.13 Cost to Vendors
1.14 Responses / Property of Department
1.15 Source of Information Used in Addition to the Responses
1.16 No Obligation to Issue Request For Proposal
1.17 Vendor Responses Identifying Information
1.18 Vendor References

Section II.GENERAL REQUIREMENTS
2. 1 Identifying Information
2. 2 Management of the Project

Section III. Other Features

SECTION 1: PURPOSE, BACKGROUND, AND ADMINISTRATIVE INFORMATION

1.1 Purpose/Information Sought.

The Iowa Department of Health and Human Services, hereafter known as the Department, is seeking **information** from interested parties who are interested in providing a comprehensive enterprise content management (ECM) system to include data collection and workflow for the following areas: care coordination, needs assessment, practice management, and client- and population-level reporting. The ECM system may be an off-the-shelf product, software as a service, or may be custom built. The Department is currently using a vendor-hosted system that was developed by AJ Boggs. The vendor has been engaged with the Department since April 2018 supporting the ECM system and CAREWare. It's anticipated that the new system will function in the same way the program's current ECM system does, but new and innovative features are welcome.

The purpose of this process is to provide the background information for the preparation of a Request for Proposals (RFP). The purpose of this Request For Information (RFI) is to allow all interested vendors to present systems that are currently available and preview systems that are under development to assist the Department in preparation of a Request For Bids (RFB) or Request For Proposals (RFP).

1.2 Background Information for the Project.

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) is responsible for administering the Ryan White HIV/AIDS Program. Ryan White Part B funding is provided to states and territories to improve the quality, availability, and organization of health care and support services for low-income individuals and families with, or affected by, HIV disease.

The Department is the Ryan White Part B recipient for Iowa. The Iowa Ryan White Part B Program is divided into two components: Client Services and Benefit Assistance (formerly referred to as the AIDS Drug Assistance Program, or ADAP). Each has its own set of forms that collects a wide variety of psychosocial and clinical client-level information (e.g., demographics, contact info, clinical info, HIV medical care, mental health, substance use, etc.).

The Department currently contracts with 12 agencies to provide Ryan White Part B services and carry out the work of the Program. The State of Iowa is currently using a vendor-hosted system that was developed by A.J. Boggs. The system contains approximately 2,200 client files, 19,000 completed forms and applications, and 47,500 uploaded documents. All data are kept in a secure environment. The database size of the current ECM system is approximately 39GB. All data are the property of the

Department and cannot be shared without permission.

The ECM system also serves as a document repository for the HIV Surveillance Program. The HIV Surveillance program is authorized by Iowa Codes chapters 139A and 141A, and 641 Iowa Administrative Code chapters 1 and 11 to collect data on any person diagnosed or treated for HIV in Iowa. For any person with HIV newly reported to the Department (newly or previously diagnosed), the surveillance office develops a case file in the ECM system and assigns a unique identifier. There are approximately 3,000 case files housed in the ECM system.

The following summarizes the modules and features of the Iowa Ryan White Part B Program's current ECM system.

1. **Client Profile** - Serves as the central hub of information. Data from the client profile prepopulates shared fields in forms, and in turn, forms return new or edited values to shared fields in the client profile. It is composed of the:
    a. Client profile landing page
    b. Demographics tab
    c. Contact info tab
    d. Clinical info tab
    e. Income tab
    f. Insurance tab
    g. Uploads tab
2. **Notifications & Reminders** - Generates required system notifications (e.g., new client assignment, new lab values, returned forms, etc.) and allows users to create their own custom reminders.
3. **Goals & Referrals** - Documents clients' progress towards achieving their goals, and tracks open referrals. Accessed through the Client Profile Landing Page.
4. **Case Notes & Services** - Documents services provided to clients and narrative case notes that describe the services provided. Allows administrative users to create, edit, and delete services and service contracts. Modeled off of CAREWare. Access through the Client Profile Landing Page.
5. **Forms and Applications**
    a. **Annual Assessment** - Required to be completed annually, this assessment holistically evaluates a client's current situation and needs. There are up to 28 different topic areas covered (i.e., sections of the form). Prepopulates information first from shared fields on the client profile, then from the most recent assessment. Information from shared fields is pushed to the client profile when the form is saved. This form contains multiple and complex logic, and multiple workflows.
    b. **MOSS Annual Assessment** - Required to be completed annually for a small number of clients, this assessment evaluates a client's current situation and needs in a more narrative format. Prepopulates information first from shared fields on the client profile, then from the most recent assessment. Information from shared fields is pushed to the client profile when the form is saved. This form contains multiple and complex logic,

and multiple workflows.

c. **Acuity Scale** - This form summarizes a client's needs and assigns an appropriate level of case management (of which there are 4 to choose from). Required to be completed with each Annual Assessment and 6-Month Assessment at a minimum. This form contains multiple and complex logic, and interfaces with the Client Profile.
d. **Financial Assistance Application** - Completed when a client requests financial assistance services. There are several different types of financial assistance clients can request, each with their own application. Some types can be completed by an agency user role, others need to be approved by a Department user role. Prepopulates information from shared fields on the client profile, but does not push information back to the client profile. This form contains multiple and complex logic, and multiple workflows. Financial assistance application types include:
    i. Emergency Financial Assistance
    ii. Emergency Financial Assistance – Utilities
    iii. Exception to Policy
    iv. Health Insurance Premium and Cost Sharing Assistance
    v. Housing Assistance
    vi. Housing Assistance & Emergency Financial Assistance – Utilities
    vii. Medical Services Financial Assistance
    viii. Naloxone Assistance
    ix. Pre-Authorization for Medical Services Financial Assistance
    x. Tobacco Cessation Assistance
e. **Exception to Policy Application** - Completed when a client does not meet minimum eligibility requirements but requests services. Can be a standalone form, or included in an Annual Assessment, 6-Month Assessment, MOSS Annual Assessment, or Financial Assistance Application.
f. **Transfer/Discharge Application** - Completed when a client is being discharged from Client Services, Benefit Assistance, or both; or when a client is transferring services between two Iowa Ryan White Part B agencies. Prepopulates information from shared fields on the client profile. This form manages the transfer process and permissions between agencies. This form contains multiple and complex logic, and multiple workflows.
g. **Benefit Assistance Initial Enrollment Application** - Completed when a client is initially enrolling into or returning to Benefit Assistance. Prepopulates information from shared fields on the client profile. Information from shared fields is pushed to the client profile when the form is saved. This form contains multiple and complex logic.
h. **Benefit Assistance Annual Re-enrollment Application** - Required to be completed annually for clients enrolled on Benefit Assistance. This form recertifies the client's eligibility for Benefit Assistance. Prepopulates information from shared fields on the client profile. Information from

shared fields is pushed to the client profile when the form is saved. This form contains multiple and complex logic.

   i. **Benefit Assistance Other Application** - Completed as necessary for other services provided by Benefit Assistance. Prepopulates information from shared fields on the client profile. Information from shared fields is pushed to the client profile when the form is saved. This form contains multiple and complex logic.

6. **Report Module** - Allows users to create custom reports using any data variable in the system. Reports can be shared among users.
7. **Eligibility Determination Module** - Documents the date clients last certified their eligibility for Client Services and/ or Benefit Assistance, and when they are next due for recertification.
8. **System Dashboards** - A series of tables are available to users based on their role that contain client-level and population-level information.
9. **User Administration System** - Manages user roles, access and permissions.
10. **Form Builder** - Allows for the creation of new and custom forms.
11. **Resource Library** - Contains links to a series of reference documents.
12. **CAREWare Interface** - New or edited information from REMI is imported into CAREWare on a nightly basis.
13. **Surveillance Module** - Contains client-level information for newly diagnosed individuals, or people already diagnosed with HIV who relocate to Iowa.
14. **Payment Portal** - Contains information on check disbursements for claims being paid by the Department's centralized contract pharmacy.

The primary stakeholders involved in the ECM system are:

- Department Staff - Eight staff regularly use the ECM system to ensure compliance with program standards, and process applications and service requests
- Case Managers - Approximately 40 case managers use the ECM system to document services provided to people living with HIV (PLWH)
- Field Benefits Specialists - Nine staff who specialize in insurance benefits use the ECM system to document services provided to PLWH
- Program Managers - Nine staff who provide oversight and guidance to Ryan White Part B agencies and regularly use the ECM system to ensure compliance with program standards
- Pharmacy Staff - Approximately 5 staff located at the Department's centralized contact pharmacy who use information in the ECM system when filling prescriptions. One additional staff member (the Pharmacy Accountant) who enters check disbursement information into the system.

The following user roles are present in the ECM system:

- Department user roles
  - Department Administrator - For Department staff only. Granted all permissions in the system. Does not receive any notifications.
  - Department Client Services - For Department staff only. Receives

notifications and manages department approvals of Client Services forms and workflow.
    - Department Benefit Assistance - For Department staff only. Receives notifications and manages department approvals of Benefit Assistance forms and workflow.
    - Department Surveillance - For Department staff only. Receives notifications and works only within the Surveillance Module.
    - Department STD - For Department staff only. Receives notifications and has read only access limited to the Surveillance Module.
- Agency user roles
    - Program Manager - User located at a contracted agency and only has access to information for clients enrolled at their agency. Has access to the Program Manager Dashboard that provides key insights on their agency's performance. Has the ability to edit information in the system and submit or recall forms. No approval permissions. No access to the Surveillance Module.
    - Case Manager - User located at a contracted agency and only has access to information for clients enrolled at their agency. Has access to the Case Manager Dashboard that provides key information for clients on their caseload. Has the ability to edit information in the system and submit or recall forms. No approval permissions. No access to the Surveillance Module.
    - Field Benefit Specialist - User located at a contracted agency and only has access to information for clients enrolled at their agency. Has access to the Field Benefits Specialist Dashboard that provides key information for clients who utilize Field Benefit Specialist Services. Has the ability to edit information in the system and submit or recall forms. No approval permissions. No access to the Surveillance Module.
    - Support Staff - User located at a contracted agency and only has access to information for clients enrolled at their agency. Has the ability to edit information in the system and submit or recall forms. No approval permissions. No access to the Surveillance Module.
- Pharmacy user roles
    - Pharmacy Accountant - User located at the Department's centralized contract pharmacy. Has read only access in the system, but no access to the Surveillance Module.
    - Pharmacy Staff - User located at the Department's centralized contract pharmacy. Manages the check disbursement process in the Payment Portal. Has read only access to the rest of the system, but no access to the Surveillance Module.

Lastly, the Iowa Ryan White Part B Program also utilizes the client-level database, CAREWare. This system was developed by HRSA/HAB and is free to use. The Iowa Ryan White Part B Program utilizes CAREWare mostly for reporting purposes. There is a one way nightly import from the ECM system to CAREWare that includes all new or edited information. The following fields are included in the import:

- Demographics
  - Name
  - DOB
  - Client ID
  - Residential address
  - Mailing address
  - Phone number
  - Gender
  - Sex at birth
  - Race & associated subgroups
  - Ethnicity & associated subgroups
  - Mode of exposure
  - HIV status
  - HIV+ date
  - AIDS+ date
- Insurance Assessment
  - Insurance assessment date
  - Primary insurance type
  - Secondary insurance type(s)
  - Other insurance description
- Income Assessment
  - Insurance assessment date
  - Annual income
  - Household size
  - FPL
- Housing Assessment
  - Housing assessment date
  - Housing status
- Case Notes
  - Case note date
  - Case note author
  - Case note
- Services
  - Service date
  - Service name
  - Service contract
  - Service units
  - Service cost
  - Service price
- Eligibility History
  - Eligibility date
  - Is/Is not eligible for Part B

The Department currently contracts with the ECM system vendor to provide hosting, maintenance, and support for CAREWare. The database size of Iowa's CAREWare is approximately 34GB. All data are the property of the Department and cannot be shared without permission.

1.3 Request for Information Procedure

This request requires any vendor wishing to submit **information** to respond to this Request for Information (RFI) by 4:00 p.m., local Iowa time, on ***December 2, 2022.***

In addition, vendors may demonstrate their equipment and explain their technology on **Wednesday, December 14 and Friday, December 16, 2022**. Requests to schedule presentations are also due by 4:00 p.m., Central Time, on ***December 2, 2022.***

1.4 Relevant Dates

Event	Date
Issue RFI	Oct 26, 2022
RFI Responses Due	Dec 2, 2022
RFI Demonstrations	December 14 & 16, 2022
Issue RFP (Tentative date)	April 3, 2023
RFP Decision to Award Contract (Tentative date)	June 30, 2023
Contractor/Vendor Begins Implementation (Tentative date)	January 1, 2024
Conversion Completed - Existing Contract Expires (Tentative date)	March 31, 2024

1.5 Submission of Response

The vendor's **written** response may be e-mailed to the Department. Responses will not be accepted over the telephone. However, the Department reserves the right to make telephone contacts or follow up on information submitted in any manner deemed appropriate by the Department. All responses or requests to schedule a demonstration must be received at the Department by 4:00 p.m., Central Time, on **December 2, 2022**.

1.6 Demonstrations

Vendor demonstrations will be limited to one hour. Demonstration day and time preferences will be scheduled in the order received. Demonstrations will be held virtually and will be recorded.

1.7 Contact Information

The contact at the Department for scheduling, technical questions, inquiries, comments, and submission of responses will be:

Name of Department Contact:	Katie Herting
Department Address:	Division of Public Health Information Technology Iowa Department of Health and Human Services 321 East 12th Street Des Moines, IA 50319
Email Address:	Katie.Herting@idph.iowa.gov

1.8 Review and Rejection of RFI Responses

1.8.1 The Department reserves the right to reject any and all responses, in whole and in part, received in response to this RFI at any time. Issuance of the RFI in no way constitutes a commitment by the Department to award any contract. This RFI is designed to provide Vendors with the information necessary for the preparation of informative response proposals and demonstrations of product. This RFI process is for the Department's benefit and is intended to provide the Department with competitive information to assist in the selection of goods and services. The RFI is not intended to be comprehensive and each Vendor is responsible for determining all factors necessary for submission of a comprehensive response and a complete product capability demonstration. The RFI response and demonstration will not be subject to an RFP type evaluation but only to a review of suggested product performance, cost *(cost may be estimated by Vendor, if an estimate Vendor shall state that it is an estimated or approximate cost)*, of processes offered and of abilities to perform services that may be of use to the Department.

1.8.2 An RFI response may be rejected outright and not reviewed for any one (1) of the following reasons, therefore Vendors are asked to make every effort to meet the RFI timelines and to include the requested information:

- Failure of Vendor to deliver the response by the due date and time.
- Failure to include information requested in the RFI.
- Failure to offer demonstrations.

1.9 Public Records and Requests for Confidentiality

1.9.1 The release of information by the Department to the public is subject to Iowa Code Chapter 22 and other applicable provisions of law relating to the release of records in the possession of a State agency. Vendors are encouraged to familiarize themselves with these provisions prior to submitting a bid proposal. All information submitted by a Vendor may be treated as public information by the Department unless the Vendor properly requests that information be treated as confidential at the time of submitting the proposal.

1.9.2 **Any requests for confidential treatment** of information must be included in a cover letter with the Vendor's bid proposal and must enumerate the specific grounds in Iowa Code Chapter 22 or other legal reasons which support treatment of the material as confidential and must indicate why disclosure is not in the best interests of the public. The request must also include the name, address and telephone number of the person authorized by the Vendor to respond to any inquiries by the Department concerning the confidential status of the materials.

1.9.3 **Any documents submitted** which contain confidential information must be marked on the outside as containing confidential information, and each page upon which confidential information appears must be marked as containing confidential information. The confidential information must be clearly identifiable to the reader wherever it appears. All copies of the proposal submitted, as well as the original proposal, must be marked in this manner.

1.9.4 In addition to marking the material as confidential material where it appears, the Vendor must submit one copy of the bid proposal from which the confidential information has been excised. The confidential material must be excised in such a way as to allow the public to determine the general nature of the material removed and to retain as much of the document as possible. These pages must be submitted with the cover letter and will be made available for public inspection.

1.9.5 **The Vendor's failure to request** in the bid proposal confidential treatment of material pursuant to this Section and the relevant laws and administrative rules will be deemed by the Department as a waiver of any right to confidentiality which the Vendor may have had.

1.10 Copyrights

By submitting a response the vendor agrees that the Department may copy the response for purposes of facilitating the evaluation or to respond to requests for public records. The vendor represents that such copying will not violate any copyrights in the materials submitted.

1.11 Restrictions on Gifts and Activities

Iowa Code chapter 68B contains laws which restrict gifts which may be given or received by state employees and requires certain individuals to disclose information concerning their activities with state government. Vendors are responsible for determining the applicability of this chapter to their activities and for complying with these requirements. In addition, Iowa Code chapter 722.1 provides that it is a felony offense to bribe a public official.

1.12 Content of the RFI

This RFI is designed to provide vendors with the information necessary for the preparation of an appropriate response. It is not intended to be comprehensive, and each vendor is responsible for determining all factors necessary for submission of a comprehensive response.

The Department reserves the right to modify this RFI at any time.

Responses should be based on the material contained in this RFI or any other relevant information the vendor thinks is appropriate.

By submitting a response each vendor agrees that it will not bring any claim or have any cause of action against the Department, the State of Iowa, or any employee of the Department or the State, based on any misunderstanding concerning the information provided or concerning the Department's failure, negligent or otherwise, to provide the vendor with pertinent information as intended by this RFI.

1.13 Cost to Vendors

The Department is not responsible for any costs incurred by a vendor, which are related to the preparation or delivery of the response, any on-site inspection that may be required, or any other activities related to this RFI.

1.14 Responses Property of the Department

All printed information used to demonstrate a vendor's product becomes the property of the Department. The Department will have the right to use ideas or adaptations of ideas that are presented in the responses.

1.15 Sources of Information Used by the Department in Addition to the Responses

The Department reserves the right to contact vendors after the submission of responses for the purpose of clarification and to ensure mutual understanding.

1.16 No Obligation to Issue Request for Proposal (RFP)

The issuance of this RFI does not obligate the Department in any way to issue and RFP for the goods and services described in this RFI.

1.17 Vendor Responses Identifying Information

State the name and principal place of business of the vendor.

Identify the vendor's type of business entity such as a corporation or partnership.

State the vendor's place of incorporation, if applicable. At the respondent's discretion, provide an organization chart for the vendor. Include any parent, subsidiary and affiliate companies you feel may be relevant to this presentation.

State the name, address, email address, telephone number and FAX number of the vendor representative to contact regarding all technical matters concerning this RFI.

1.18 Vendor References

Lists all jurisdictions for which the vendor has implemented a ECM system for a Ryan White-funded program or other public health program, and indicate the date each contract began and ended. Please include any applicable references.

Section 2 General Requirements

Please describe how your equipment, service or product would meet any or all of the following items. The Department is interested in new and innovative methods of providing service to our customers. Please feel free to include both existing functionality and systems under development.

1. Please describe how your system, service, and/or product would achieve the following modules and features (see Section 1.2 for descriptions):.
    a. Client Profile
        i. Client profile landing page
        ii. Demographics tab
        iii. Contact info tab
        iv. Clinical info tab
        v. Income tab
        vi. Insurance tab
        vii. Uploads tab
    b. Notifications & Reminders
    c. Goals & Referrals
    d. Case Notes & Services
    e. Forms and Applications
        i. Annual Assessment
        ii. MOSS Annual Assessment
        iii. Acuity Scale

        iv. Financial Assistance Application
            1. Emergency Financial Assistance
            2. Emergency Financial Assistance – Utilities
            3. Exception to Policy
            4. Health Insurance Premium and Cost Sharing Assistance
            5. Housing Assistance
            6. Housing Assistance & Emergency Financial Assistance – Utilities
            7. Medical Services Financial Assistance
            8. Naloxone Assistance
            9. Pre-Authorization for Medical Services Financial Assistance
            10. Tobacco Cessation Assistance
        v. Exception to Policy Application
        vi. Transfer/Discharge Application
        vii. Benefit Assistance Initial Enrollment Application
        viii. Benefit Assistance Annual Re-enrollment Application
        ix. Benefit Assistance Other Application
    f. Report Module
    g. Eligibility Determination Module
    h. System Dashboards
    i. User Administration System
    j. Form Builder
    k. Resource Library
    l. CAREWare Interface
    m. Surveillance Module
    n. Payment Portal

2. Please describe your experience hosting and maintaining an ECM system.

3. Please describe your experience in hosting and maintaining CAREWare, if applicable.

4. Please describe your experience migrating confidential data.

5. Please describe other experience and system capabilities including but not limited to:
    a. Change Requests
    b. Auditing and logging
    c. Access Management with customizable security features
    d. Ability to import and export data to analytic and reporting systems and or built in reporting, analytics, and visualization functionality
    e. Managing confidential data access use both internal and external to your organization including health information privacy and security
    f. Two factor authentication
    g. Deduplication of records

6. The Department will either be self hosting the system in AWS or have the vendor host. The Department is interested in the following cost projections/estimates:
    a. AWS instance type recommendation if self hosted (e.g., GovCloud or Commercial)
    b. ECM system hosting costs
    c. ECM system data migration costs
    d. Initial build/implementation of the ECM system (this includes connecting with external partners and third-party vendors)
    e. Ongoing ECM system licensing, service and maintenance fees
    f. CAREWare hosting costs
    g. CAREWare data migration costs
    h. Ongoing CAREWare service and maintenance fees
    i. Additional support options for the ECM system and/or CAREWare

Section 3 Other Features

Is there any other feature, service or option you believe the Department should be aware of in preparation of an RFP? If so, please describe the feature, service product or option and explain how it would improve the program served as identified in this RFI.